

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16268

File No. 2116
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Manassas City (No. 2744) Spurce

2. FULL NAME

Adrian Elwood Purvis

(a) Residence. No. 2744 Spurce R. St. 14 Ward. _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 21 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair County -

10. NAME OF FATHER Berry Purvis -

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Seneca Nebraska

12. MAIDEN NAME OF MOTHER Lula Shandlett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo -

14. INFORMANT Berry Purvis
(Address) 2744 Spurce R.C. Mo.

15. FILED 5/17/30 M.M. Croome
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 15 - 1930

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to May 15, 1930 that I last saw him alive on Dec 30, 1929 and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
72A
(duration) 1 yrs. 3 mos. da.
CONTRIBUTORY mitral insufficiency
(SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH same

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) R. Gallagher M. D.

May 17, 1930 (Address) 1906 Washington Park Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osceola Mo DATE OF BURIAL May 18 1930

20. UNDERTAKER McCluney - Austin ADDRESS Osceola Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

